FOR INSTRUCTIONS, SEE BACK OF FORM

File with:

Iowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

DISCLOSURE SUMMARY PAGE

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed 2014 0CT 20 AM 9: 55

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

Reset Form

COMMITTEE NAME (Must be same as on Statement of Or	ranization)			
RE-ELECT Ditsworth Recorder	ganization)	Ir	FORM	
IMPORTANT: Indicate by # type of committee you are reporting fo (1)Statewide/Legislative/Judge Standing for Retention Candidate (4)County Central Committee (5)County Candidate (6)City Car Subdivision Candidate (8)County PAC (9)City PAC (10)School 11) Local Ballot Issue	(2)State PAC (3)State Party	E (DR-2 Rev. 12/2009) or Office Use On	
CANDIDATE COMMITTEES ONLY: Candidate Name Ann Ditsworth Office Sought Dickinson County Recorder	Political Party (if applicable) Republican District (if Senate or House)	L S	Computer	
Late reports are subject to possible civil and criminal penalties. P candidate's committee, and the chairperson, for any other type of SIGNATURE OF PERSON FILING REPORT	ursuant to lowa Code sections 68B.32A committee, is the individual responsible 12 Committee The Individual responsible 12 TELEPHONE	(7) and 68 for filing t	A.401(3), the can imely and accura	te reports.
I AM FILING A October 19	REPORT FOR (1) ELECTION	//2\NON	FLEOTION	
(report date)	Indicate by		ELECTION YEA	R.
CHECK IF AMENDMENT TO REPORT DATED			mittage estas D. I	(5)
☐ Check if this is final (termination) report and attach Notice (You must continue to file reports until a DR-3 is file	of Dissolution Form DR-3.	November County & L	mittees, enter Date er 4, 2014 ocal Committees, tion is held on	
STATEMENT OF CASH ON HAN	D		THE SECTION ASSESSMENT	
CASH ON HAND at the beginning of the reporting period. (To				
committee. This amount MUST be the same as the	cash on hand at the and	\$	0.00	
committee. This amount MUST be the same as the of the last reporting period or must be zero if this is f ADD TOTAL MONEY TAKEN IN THIS PERIOD	cash on hand at the and	\$	0.00	
of the last reporting period or must be zero if this is f ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A: Cash Contributions total Attach Schedule A: Cash Contributions total (Attach Schedule A: Cash Contributions total Attach Schedule A: Cash Contributions to	cash on hand at the end first report filed.)		200.00	
of the last reporting period or must be zero if this is f ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule F: Loans Received total (Attach Schedule F: Loans	cash on hand at the end first report filed.)			
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CONTRINEE. This amount MUST be the same as the of the last reporting period or must be zero if this is if ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule Schedule F: Loans Received total (Attach Schedule Schedule H: Total Sales of Campaign Property (Attach Schedule H applies to Candidates' Com SUBTRACT TOTAL MONEY SPENT THIS PERIOD Schedule B: Expenditures total (Attach Schedule B) Schedule F: Loan Repayments total (Attach Schedule CASH ON HAND at the end of this reporting period (if final reporting BILLS (From Schedule D - Attach Schedule D)* *IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule Schedule Schedule E - Attach Schedule Schedule Schedule Schedule E - Attach Schedule Schedule Schedule Schedule E - Attach Schedule Schedule Schedule Schedule Schedule E - Attach Schedule S	cash on hand at the end irst report filed.) lule A) (*also see in-kind below) F) ach Schedule H) mittees Only) SUB-TOTAL (**also see debts and loans below) le F) oort balance must be zero)	\$	200.00 600.00 800.00 69.85 0.00 730.15 649.00 0.00	
CONSULTANT BREAKDOWN (Schedule G Attached?) Contributes. This amount MUST be the same as the of the last reporting period or must be zero if this is if ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule Schedule F: Loans Received total (Attach Schedule Schedule H: Total Sales of Campaign Property (Attachedule H applies to Candidates' Common Subtract Total Money Spent This Period Schedule B: Expenditures total (Attach Schedule B) Schedule F: Loan Repayments total (Attach Schedule CASH ON HAND at the end of this reporting period (if final reporting belief to the schedule D)	cash on hand at the end irst report filed.) lule A) (*also see in-kind below) F) ach Schedule H) mittees Only) SUB-TOTAL (**also see debts and loans below) le F) oort balance must be zero)	\$	200.00 600.00 800.00 69.85 0.00 730.15 649.00 0.00 600.00	
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CONSULTANT BREAKDOWN (Schedule G Attached?) Contributes. This amount MUST be the same as the of the last reporting period or must be zero if this is if ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule Schedule F: Loans Received total (Attach Schedule Schedule H: Total Sales of Campaign Property (Attachedule H applies to Candidates' Common Subtract Total Money Spent This Period Schedule B: Expenditures total (Attach Schedule B) Schedule F: Loan Repayments total (Attach Schedule CASH ON HAND at the end of this reporting period (if final reporting belief to the schedule D)	cash on hand at the end irst report filed.) lule A) (*also see in-kind below) is F) ach Schedule H) mittees Only) SUB-TOTAL (**also see debts and loans below) ille F) cort balance must be zero) dule E) ch Schedule H)	\$ \$ \$ \$	200.00 600.00 800.00 69.85 0.00 730.15 649.00 0.00 600.00	0

For Instructions, See Back of Form

applicable" in the relationship column.

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization) RE-ELECT Ditsworth Recorder

SCHEDULE	
(Rev. 12/13)	MONETARY RECEIPTS
	CK THIS BOX IF

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Page

(for Schedule A)

familial relationship,

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

FOR DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE*	AMOUNT RECEIVED	√ IF FUND-
	NUMBER		(if applicable)		RAISER INCOME
10/1/14	ID# 9061 CK# 1678	Dickinson County Republican Central Committee 8005 25th St, Spirit Lake IA 51360		\$200.00	INCOME
	ID#				
	CK#				
	ID#				
	CK#				
	ID#				
	CK#				
	ID#				
	CK#				
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	ID#				
	CK#				
	ID#				
	CK#				
			SUB-TOTAL	200.00	
		TOTAL (if last page	of this schedule)	\$ 200.00	
* Disclosure law re	quires candidate committee	es to disclose the relationship of any all-time.		\$ 200.00	
		e third degree of consanguinity (blood relatives) and affinity (relati same as candidate, but there is no	ves by		amilial rolation

FOR INSTRUCTIONS, SEE BACK OF FORM

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF

COMMITTEE NAME (Must be same as on Statement of Organization)

RE-ELECT Ditsworth Recorder

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
	ID#	I alaa Nama Cl		
10/18/14	CK#	Lakes News Shopper Box 192, Milford IA 51351	Newspaper ads	\$ 69.85
	ID#			
	CK#			
	ID#			
	CK#			
	ID#		+	
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
			SUB-TOTAL	\$ 69.85
			TOTAL (if last page of this schedule)	\$ 69.85
			, January	¥ U7.0J

THIS	BOX	APPLIES	TO	CANDIDATES'	COMMITTEES	ONI Y

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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Dogg	1
Page _	01

FOR INSTRUCTIONS SEE R	ACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization) RE-ELECT Ditsworth Recorder	D (Rev. 08/98)	INCURREI INDEBTEDNI
	The second secon	CK THIS BOMENDING
NOTE: Debts previously reported that remain uppaid must be included on this		

Schedule, as well as any new obligations incurred in this period.

Reset Form

CRev. 08/98)	INCURRED INDEBTEDNESS
Commence of the contract of th	CK THIS BOX MENDING M

DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD (DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period., regardless of whether an invoice

-		has bee	en received.
DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
9/12/14	DickCo Cable News 2584 190th St, Milford IA 51351	tv ads estimated cost	\$ 149.00
9/30/14	Lakes News Shopper Box 192, Milford IA 51351	newspaper ads	69.85
10/1/14	Tri State Litho 2005 Aurora Ave W, Spirit Lake IA 51360	signs estimated cost	500.00
		SUB-TOTAL	\$ 718.85
	TOTAL DEBTS OWED BY COMMITTEE AT	THE END OF THIS REPORTING PERIOD	\$ 718.85
'If actual figure is	s unknown, show "estimated" beside the figure.	Pag	e of (for Schedule D)

CANDIDATE COMMITTEES NOTE:

*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

L UNPAID L	fule reports money loaned to the committee which is deposited in OANS FROM LAST REPORTING PERIOD \$ ${\color{blue}0}$	and a second		AMENDIN	G FO
I - MONETA (Original	ARY LOANS RECEIVED THIS REPORTING PERIOD source of loan, such as a bank, must be shown if a third party is	nvolved. Include loans fi	rom candida	ate's personal fu	ınds.)
DATE RECEIVED MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSI CANDIDATE (If A	HIP TO	AMOUNT O	F LOAN
10/1/14	Ann Ditsworth 2220 195th Ave, Milford IA 51351	self		\$ 600.0	0
II - MONET	ARY I OAN REDAYMENTS MADE THE	TOTAL (PART I)		\$_600.00	
	ARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD orgiven must be reported on Schedule E In-kind Contributions.)	TOTAL (PART I)		\$ 600.00	
II - MONET (Loans fo ATE PAID M/DD/YR)	ARY LOAN REPAYMENTS MADE <u>THIS</u> REPORTING PERIOD orgiven must be reported on Schedule E In-kind Contributions.) NAME AND ADDRESS OF LENDER (Include Endorser's Name. If Applicable)	TOTAL (PART I) RELATIONSHI CANDIDATE* (If A	PTO I	\$ 600.00	PAID
ATE PAID T	NAME AND ADDRESS OF LENDER	RELATIONSHI	PTO I		PAID
ATE PAID T	NAME AND ADDRESS OF LENDER	RELATIONSHI	PTO I	AMOUNT RE	PAID
ATE PAID T	NAME AND ADDRESS OF LENDER	RELATIONSHI	PTO I	AMOUNT RE	PAID
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ATE PAID T	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHI	P TO oplicable)	AMOUNT RE	PAID

SCHEDULE

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME(Must be same as on Statement of Organization)